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January 23, 2009

Attn: Stephanie Whipps,
Idaho Center for Autism
P.O. Box 706
Meridian, Idaho 83680

Dear Stephanie Whipps,

Thank you for submitting the Idaho Center for Autism Plan of Correction dated January 22, 2009. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Idaho Center for Autism a full 2 year certificate effective from December 29, 2008 through December 29, 2010.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than March 1, 2009. You may submit supporting documentation as follows:

Fax to: 364-1811

Email to: miles@dhw.idaho.gov

Mail to: Medicaid, Health and Welfare
Attn Greg Miles, DD Survey and Certification
P.O Box 83720
Boise, ID 83720-0036

Or deliver to: Greg Miles
Division of Medicaid
3232 Elder St.
Boise, ID 83705

You can reach me if you have any questions at 364-1828.

Thank you for your patience and accommodating us through the survey process.

Greg Miles
Medical Program Specialist
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Idaho Center for Autism, LLC
4CFA144

5353 Franklin Rd
Boise, ID 83705-
(208) 342-0374

Survey Type: Recertification

Entrance Date: 11/10/2008

Exit Date: 11/14/2008

Initial Comments:

Survey Team Members: Rebecca Fadness, Medicaid Program Supervisor; Greg Miles Medical Program Specialist; Veronica Martinez, Clinician; Heather Olsen, Developmental Specialist, Children

Observations: Both of the observations with participants A and B were very positive; there was definitely a strong rapport between the child and the therapist. Both participants seemed engaged, interested and focused. The therapists did a great job redirecting the children back to the tasks they were doing and both therapists provided consistent positive reinforcement. The therapists gathered data during transition times and breaks.

The observation with Participant C was conducted at the home from 11:15-12:15 on Wednesday, November 12. He was very active and in tune to the therapist. The therapist offered tons of verbal praise and redirection as needed, and she offered activities to make therapy fun (obstacle course with several different activities, last activity was to sing favorite song). The therapist was very enthusiastic and had a great rapport with the child. It appeared that she was running programs appropriately and taking data as needed. The child even initiated interaction with the observer and told her a joke, which therapist and parent said was the first time he had done this without being prompted. Overall, therapy was very structured and the therapist allowed therapy to be child-led within reason. The child also earned computer time at the end of the session for doing a good job.

The observation with Participant D was conducted at the home from 1:15-2:15 on Wednesday, November 12. The participant was observed to be "hamming it up" for the observer according to the therapist--When he sees new people or knows someone is watching him, he sometimes has 'behaviors'. The child engaged in avoidance/escape behaviors, and when asked to sit down at the table, he ran around kitchen table instead. He then laid on the floor and refused to get up. The therapist maintained flat affect and demeanor and said, "I will wait for you. No big deal." She also gave other prompts such as, "First we work, then play. ____ is working for outside, but he has to work first." After about 5 minutes, the child was compliant. For successful trials of goals, the child was given a happy face on a Velcro strip. A picture of "outside" was at the top with three spaces for happy faces. When he earned three happy faces he could go outside. When he earned a happy face, the child clearly knew what he was getting and why. Therapist said, "What does ____ get?" and child responded, "One happy face!" His parent reported less than a year ago that his only language skills were echolalia, and he could not respond "yes" or "no" to a question and could not use words in context. He was observed to use 4-5 word sentences, and mom reports he can use up to 8. When he had earned 'outside', we went on a bike ride around the neighborhood so he could work on his "staying close" objective. Overall, there was very good rapport between the staff and the child.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.400.02.f 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. 02. Professionals. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 420 of these rules, as employees of the agency or through formal written agreement: (7-1-06) f. Social worker, or other professionals qualified to provide the required services under the scope of their license. (7-1-06)	Required Services There was no written agreement with the social worker to provide services.	1. What corrective action(s) will be taken? The agency's licensed social worker completed a written formal agreement on 11/11/2008. A copy of the written agreement was faxed to IDHW on 11/12/2008. A copy of the written agreement was also provided to the survey team during the exit process. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? No participants were affected by the deficiency. 3. Who will be responsible for implementing each corrective action? Stephanie Whipps has already completed the corrective action. A written formal agreement was signed by the administrator and the licensed social worker. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Contracts and agreements are reviewed annually by the Idaho Center for Autism's administrator. 5. Dates for when the corrective action will be completed? The written agreement was provided to the survey team by fax and in-person during the last day of the survey.
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2008-11-12 Administrator Initials: <i>SW</i>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.d 600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) d. Identify the participant's current and relevant	Assessments The comprehensive developmental assessment for participants A, C and D did not have interests listed. For participant B, the medical/social evaluation did not include strengths, or needs.	

strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)


1. What corrective action(s) will be taken? A new template for the Comprehensive Developmental Assessment was created months prior to the survey in order to include a section for interests. As for the medical social assessment, the Idaho Center for Autism temporarily hired an additional licensed social worker to help complete medical social assessments; however, she no longer works for the agency.
2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participant files have been reviewed to ensure that strengths, needs and interests were identified within other assessments.
3. Who will be responsible for implementing each corrective action? Stephanie Whipps, administrator, is responsible.
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The Quality Assurance Director will review all assessments to ensure that the correct template is being used. Addendums for any affected participant files will be completed by March 1, 2009.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2009-03-01

Administrator Initials: SWJ

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.e	Assessments	
600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)	For Participant's B and C the medical/social evaluation recommended "up to 30 hrs a week" the recommended amount of therapy needs to be specific.	1. What corrective action(s) will be taken? The licensed social worker will be advised that recommendations for the amount of therapy must be specific. Addendums will be completed to update evaluations. Additionally, the developmental evaluation template has been revised to ensure that recommendations for the number of hours is specific and does not include a potential range of hours.
01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)	The developmental evaluation for participant D gave a range of hours to be provided. This number needs to be specific.	2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? The participant files were identified during survey. All other files were reviewed by ICA staff to check for any deficiencies.
e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)	For Participant A, the medical/social evaluation recommended the type of therapy but not the amount.	

		<p>3. Who will be responsible for implementing each corrective action? Stephanie Whipps is responsible for implementing these corrective actions.</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The Quality Assurance Director will review the completed evaluations and assessments to ensure that they are consistently completed in compliance with IDAPA.</p> <p>5. Dates for when the corrective action will be completed? The corrective action for making modifications to the Developmental Evaluation template has been modified and is effective December 1, 2008. The addendums for participant files will be completed by March 1, 2009.</p>
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-03-01
Administrator Initials: 		
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.601.01 601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)	Assessments For participant B, the developmental evaluation was completed 08/27/08, however therapy started on 12/17/07. This was corrected during the survey.	<p>1. What corrective action(s) will be taken? The corrective action has already been taken. The developmental evaluation was accidentally left in the administrator's "To Be Reviewed" box, since she was completing a new IPP for Participant B the week before the survey.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Since the deficiency was corrected at the time of survey, no participants were affected.</p> <p>3. Who will be responsible for implementing each corrective action? Stephanie Whipps was responsible.</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? No corrective actions are needed.</p> <p>5. Dates for when the corrective action will be completed? This was corrected at the time of the survey.</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 2008-11-14**Administrator Initials:** SW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.602.03 602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06) 03. Medical/Social Histories and Medical Assessments. Medical/social histories and medical assessments must be completed at a frequency determined by the recommendation of a professional qualified to conduct those assessments. (7-1-06)	Assessments The 2007 medical-social history (2/7/07) for Participant C expired before the update for 2008 (7/16/08) was completed.	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? A medical social assessment was completed when the agency became aware of the lapse in the need for a review of the medical/social assessment for this participant. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? The only affected participant was identified during the survey. The correction was completed prior to the survey team reviewing the files. 3. Who will be responsible for implementing each corrective action? Stephanie Whipps was responsible for this correction. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The existing checklist for records and assessments will be reviewed more frequently (once per month) by the administrator in order to ensure compliance with IDAPA Rules and to ensure that there is no lapse in the review process. 5. Dates for when the corrective action will be completed? The medical social assessment has been completed for this participant; the administrator will continue to review checklists once per month in order to ensure compliance. The corrective action will begin December 1, 2008. The sample participant's file was corrected July 16, 2008.
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2008-12-01 Administrator Initials: SW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.01 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code.	Eligibility There was no Full Scale IQ to support the diagnosis for participant B. This was corrected during the survey.	1. What corrective action(s) will be taken? This issue was addressed and corrected during the survey. The Full-Scale IQ was provided to the survey team as they requested. 2. How will the agency identify participants who may be affected by the deficiency(s). The only participant affected was identified during the survey. The doctor calculated a full-scale IQ for the participant and completed a report as to why she believed that a full-scale IQ is not in the best interest of the participant and would not be helpful to providers and caregivers. 3. Who will be responsible for implementing each corrective action? Stephanie Whipps was responsible for contacting the participant's doctor. Stephanie Whipps will also be responsible for ensuring that all eligibility is determined prior to admission for services. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The agency will ensure that all children ages 5 and up who have a diagnosis of developmental delay will undergo a full-scale IQ test as part of the eligibility process. 5. Dates for when the corrective action will be completed? This was corrected during the survey.
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2008-11-17 Administrator Initials: SW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.c 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER	Individual Program Plan The IPP's for participant B and D did not include frequency as defined in rule. It gave frequency in terms of a range (i.e. 4-5 times/week) but needs to be specified.	

THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)
 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06)
 c. Frequency of service is the number of times service is offered during a week or month. (7-1-06)

1. What corrective action(s) will be taken? The agency's IPP has been updated to ensure that only a specific frequency is included within the child's IPP. The agency had specified a range for a few children (4-5 days per week) only because we did not know whether the children will be available for therapy 4 days per week or 5 days per week. Addendums will be completed for all IPPs that are not in compliance.
2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All IPPs have been reviewed and all affected participants have been identified. Parents of affected participants have been provided with an addendum that outlines the specific frequency of therapy.
3. Who will be responsible for implementing each corrective action? Stephanie Whipps will be responsible for implementing each corrective action.
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions have been taken to ensure compliance with IDAPA Rule. The new IPP template specifies that the frequency must be specific and may not include a range of projected days of therapy.
5. Dates for when the corrective action will be completed? The agency will complete all corrective actions by March 1, 2009.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2009-03-01

Administrator Initials: SW

Rule Reference/Text

16.04.11.701.05.a

Category/Findings

Individual Program Plan

701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)

For participant D, the DT IPP was completed on 6/9/08 but the medical-social history was completed on 6/16/08.

Plan of Correction (POC)

05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)

a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter.

1. What corrective action(s) will be taken? The Idaho Center for Autism will be sure to use their checklist to ensure that all parts of the assessment and IPP development process are completed in a specific order.
2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participant files were reviewed and all affected participants were identified. There is no way to make corrections to errors that have occurred in the past; therefore, a checklist will be used from December 1, 2008 on to ensure that no other files will be affected.
3. Who will be responsible for implementing each corrective action? Stephanie Whipps is responsible for implementing this corrective action.
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The checklist will be reviewed at least once per year, or more often if warranted, in order to ensure compliance with IDAPA Rules.
5. Dates for when the corrective action will be completed? The corrective actions have already been completed.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2008-12-01

Administrator Initials: *SW*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.b	Individual Program Plan	
701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)	For participant B, there was no documentation to support that a copy of the IPP was provided to the parents.	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? The participant's family has been provided with another copy of the participant's IPP and they were asked to sign a form indicating that they received a copy of the participant's IPP. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? The participant files have been reviewed and affected participant files have been identified. The agency has written addendums for all affected participants to demonstrate that their families have received copies of the participant's IPP.
05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST		

<p>services, the DDA is required to complete an IPP. (7-1-06)</p> <p>b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06)</p>		<p>3. Who will be responsible for implementing each corrective action? Stephanie Whipps, administrator.</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The agency's checklist will be reviewed by the therapist completing the IPP and by the agency's Quality Assurance Director to ensure compliance with IDAPA Rules.</p> <p>5. Dates for when the corrective action will be completed? The administrator will ensure that the agency has written documentation that all families have received a copy of their child's IPP by March 1, 2009.</p>
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2009-03-01

Administrator Initials: SW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.c	Individual Program Plan	
<p>701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver</p>	<p>The parent signature for the DT IPP for participant D was obtained on 6/12/08, but the IPP appears to have started on 6/9/08.</p>	<p>1. What corrective action(s) will be taken? This issue was identified and discussed at survey. The agency specifies the proposed date of implementation within the IPP; however, for reasons beyond the control of the agency, the physician or parent may review and agree to the IPP later than the proposed start date. As noted during the survey, the agency has never billed for therapy or provided therapy prior to all signatures of team members being obtained. The Proposed Start Date is only when the agency assumes that they may be able to begin services. The survey team encouraged the agency to hand-write in the actual Date of Implementation after all signatures are obtained. This corrective action will be taken by the agency.</p>

services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)

c. The planning process must occur at least annually, or more often if necessary, to review and update the plan to reflect any changes in the needs or status of the participant. Revisions to the IPP requiring a change in type, amount, or duration of the service provided must be recommended by the physician or other practitioner of the healing arts prior to implementation of the change. Such recommendations must be signed by the physician or other practitioner of the healing arts and maintained in the participant's file. A parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan. (7-1-06)

2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participant IPPs are likely affected by the deficiency. The agency has previously used the participant's Activity Tag to identify the actual start date of therapy. The corrective action of handwriting in the Start Date within the IPP will be taken for future IPPs.
3. Who will be responsible for implementing each corrective action? Stephanie Whipps is responsible for implementing the corrective action of modifying the IPP Template to include a space for the start date. The specialist completing the IPP will be responsible for handwriting in the date that therapy actually begins
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The IPP template has already been modified to include the requested information. The agency's Quality Assurance Director will review all IPPs to ensure that they meet IDAPA Rules.
5. Dates for when the corrective action will be completed? The corrective action has been taken and all files will be in compliance by March 1, 2009.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2009-03-01

Administrator Initials: SN

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.iii	Individual Program Plan	
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under	The physician's signature was obtained on 10/1/08 for the IPP for participant C, but the IPP start date appears to be 9/30/08.	1. What corrective action(s) will be taken? The survey team worked with the Idaho Center for Autism to problem solve this issue. The agency's IPP template includes a Proposed Start Date because it is difficult to anticipate the exact date that a physician will be able to review the document. Therapy has never been provided to a participant prior to all team members reviewing, signing and indicating their agreement with the Individualized Program Plan. The Start Date for Therapy will be handwritten into the IPP when therapy begins.

Section 700 of these rules for all ISSH Waiver participants. (7-1-06)

05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)

e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)

iii. The dated signature of the physician or other practitioner of the healing arts indicating his recommendation of the services on the plan; (7-1-06)

The corrective action of handwriting in the actual start date of therapy will occur for all future IPPs.

2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? No participants are affected because the agency has never provided therapy prior to signatures of all team members on the IPP. This fact can be verified through billing records and data sheets and progress notes. Future participant IPPs will include a space for the therapist to write in the actual start date.

3. Who will be responsible for implementing each corrective action? Stephanie Whipps was responsible for generating a line within the IPP which states "Start Date_____" and Developmental Specialists and IBI Professionals within the agency have received training on the need to handwrite in the actual start date once all signatures are obtained and the agency is able to begin therapy.

4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The agency's Quality Assurance Director will review all IPPs in order to ensure compliance with IDAPA Rules.

5. Dates for when the corrective action will be completed? The template has already been modified by Stephanie Whipps. Therapists have already received training in how to complete the IPP template. All corrective action will be applied to all files by March 1, 2009.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2009-03-01

Administrator Initials: SW

Rule Reference/Text

16.04.11.701.05.e.ix

701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.

Section 701 of these rules does not apply to participants receiving ISSH Waiver services.

Category/Findings

Individual Program Plan

The IPPs for participants A, C and D did not have a target dates for completion for each objective.

Plan of Correction (POC)

1. What corrective action(s) will be taken? A new Goals and Objectives section within the IPP template has been created in order to comply with IDAPA Rule. This section will include a space for the objective, a target date for completion of that objective and a DDP responsible for the objective. It is important to note that the agency's previous IPP did have a section for "Target Date of Completion" since all objectives had the same target date of completion. However, we agree to complete the corrective action noted above.

<p>DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)</p> <p>ix. The target date for completion of each objective; (7-1-06)</p>		<p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All existing participants are affected, since all current IPPs have only one space for "Target Date for Completion of Objectives." Future IPPs will have a section for each objective to have its own target date for completion.</p> <p>3. Who will be responsible for implementing each corrective action? Stephanie Whipps was responsible for implementing the corrective action of modifying the existing IPP template to include this information.</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The agency's Quality Assurance Director will monitor all IPPs in order to ensure that it was written on the new IPP template.</p> <p>5. Dates for when the corrective action will be completed? The template was modified on December 1, 2008 and will be applied to all participant files by March 1, 2009 to ensure compliance with IDAPA Rules.</p>
<p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p>	<p>Date to be Corrected: 2009-03-01</p>	<p>Administrator Initials: SW</p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.viii</p> <p>701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver</p>	<p>Individual Program Plan</p> <p>For participant A, the IPP did not identify the professional responsible for each objective.</p>	<p>1. What corrective action(s) will be taken?</p> <p>The Idaho Center for Autism will modify its IPP template to create a section following each objective to identify the professional responsible for each objective. All IPPs will be modified to include this information after every objective.</p>

participants. (7-1-06)
 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)
 e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)
 viii. The discipline professional or Developmental Specialist responsible for each objective; (7-1-06)

2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participant files are affected because all IPPs currently have a section at the end identifying the professional responsible and have not previously listed the professional responsible after each objective.
 3. Who will be responsible for implementing each corrective action? Stephanie Whipps will be responsible for implementing the corrective action of modifying the template.
 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The Quality Assurance Director for the ICA will ensure that all therapists use the modified IPP template as required.
 5. Dates for when the corrective action will be completed? The template was modified December 1, 2008 and all IPPs will be modified by March 1, 2009.

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Date to be Corrected: 2009-03-01

Administrator Initials: *SW*

Rule Reference/Text	Category/Finding	Plan of Correction (POC)
16.04.11.701.05.e.x 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06) x. The review date; and (7-1-06)	Individual Program Plan The IPPs for the participants A,C and D did not have review dates for each objective.	1. What corrective action(s) will be taken? All IPPs do contain a section on the second to last page which states "Date of Reviews" and lists all specific dates of review. In order to comply with the survey team's findings, the Idaho Center for Autism modified their existing IPP template to include a space for review dates following each objective.

		<p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participant files are affected because all current and previous IPPs have a space for "Dates of Review" on the second to last page of the IPP. The agency has modified the IPP template format and will ensure that all participant IPPs are completed using the new format.</p> <p>3. Who will be responsible for implementing each corrective action? Stephanie Whipps is responsible.</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The Quality Assurance Director will review every future IPP to ensure that it was written using the new IPP template.</p> <p>5. Dates for when the corrective action will be completed? The modification has been made to the IPP template. Addendums will be created for all existing participants by March 1, 2009.</p>
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2009-03-01

Administrator Initials: SLW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.xi	Individual Program Plan	
<p>701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's</p>	<p>For participants A, B, C and D, the transition plans did not specify the criteria for transition into less restrictive more integrated setting.</p>	<p>1. What corrective action(s) will be taken? The agency has developed an expanded section within the IPP template to specify the criteria needed for transitioning participants into a less restrictive, more integrated setting. This was completed prior to the survey process at the request of the Idaho Department of Health and Welfare's Developmental Disabilities program.</p>

participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)

xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06)

2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? The agency will review the IPPs of all participants to ensure compliance with IDAPA Rule. When applicable, transition plans within the IPP will be expanded to include more criteria for the transition.
3. Who will be responsible for implementing each corrective action? Stephanie Whipps, administrator.
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The agency's Quality Assurance Director will review all new IPPs to ensure consistent compliance with IDAPA Rules.
5. Dates for when the corrective action will be completed? The transition plans for affected participants will be completed by March 1, 2009.

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Rule Reference/Text	Category/Finding	Plan of Correction (POC)
16.04.11.705 705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)	Record Requirements The data sheets for participants A, B, C and D did not have the time of day listed for when the services were provided.	1. What corrective action(s) will be taken? All activity tags and behavior recordings for participants list the time of day, as defined as the times the service was provided (e.g. 9:00am-11:00am). The data sheets did not list the time of day. However, in order to comply with the survey team's findings, the Idaho Center for Autism has created a new data sheet which lists the time of day and every objective addressed during every 15 minute block (unit) of therapy. This new data sheet was presented to the surveyors during the exit process and has been used by all therapists since December 1, 2008.

		<p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participants were affected. The new data sheets were implemented December 1, 2008.</p> <p>3. Who will be responsible for implementing each corrective action? Bobbi Hamilton, the agency's Quality Assurance Director was responsible for creating the data sheet and presenting it to surveyors. Ms. Hamilton also trained all staff on the use of the data sheet and the importance of completing it in full. Staff have had the opportunity to receive individualized training when needed or requested.</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The agency's Quality Assurance Director reviews the data sheets of all participants every week to ensure compliance with IDAPA Rule.</p> <p>5. Dates for when the corrective action will be completed? The correction has been made. All staff have used the data sheets since December 1, 2008.</p>
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2008-12-01

Administrator Initials: SW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.708.01	Required Services	
<p>708.REQUIREMENTS FOR DELIVERY OF DDA SERVICES.</p> <p>01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06)</p>	<p>Participant D had a medical-social history completed on 6/16/08, but his DT IPP began on 6/9/08. Assessments must be completed before the IPP is implemented.</p>	<p>1. What corrective action(s) will be taken? The error cannot be fixed for this participant's file; however, in the future, the agency will use the checklist they have created to ensure that all evaluations and assessments are completed prior to the initiation of therapy.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All files have been reviewed and the affected participants were identified. No corrective action can be taken for those participants since the assessments are now complete.</p> <p>3. Who will be responsible for implementing each corrective action? Stephanie Whipps will ensure that the checklist is used throughout the intake and admissions process.</p>

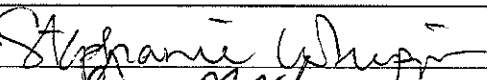
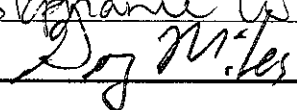
		<p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The agency's Quality Assurance Director will ensure that all assessments are complete prior to the initiation of therapy.</p> <p>5. Dates for when the corrective action will be completed? The checklist will be implemented beginning December 1, 2008.</p>
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Date to be Corrected: 2008-12-01

Administrator Initials: SW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.710	Required Services	
710.REQUIRED SERVICES. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement. (7-1-06)	Agency did not have a written contract/agreement detailing how psychotherapy services would be made available (if needed).	<p>1. What corrective action(s) will be taken? The agency will modify its written agreement with its licensed psychologist so that it specifies that psychotherapy will be provided if needed.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? No participants are affected by this issue, as evidenced by the fact that no participant (or their family) has ever requested or participated in psychotherapy during the agency's years of operation.</p> <p>3. Who will be responsible for implementing each corrective action? Stephanie Whipps, administrator, will be responsible for modifying the psychologist's contract as requested by the survey team.</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Contracts are re-evaluated annually.</p> <p>5. Dates for when the corrective action will be completed? The corrective action will be complete by March 1, 2009.</p>

Scene and Severity: Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 2009-03-01**Administrator Initials:** SW**Administrator Signature (confirms submission of POC):**
**Date:** 2009-01-22**Team Leader Signature (signifies acceptance of POC):****Date:** 1/23/09